

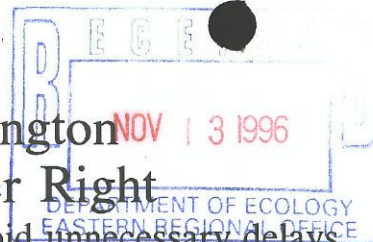


State of Washington

## Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

G330001



For Ecology Use

Fee Paid \$10.00

Date 11/13/96

ck #001 3014

## Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name Desert Aire Owners Association Home Tel: (509) 932 - 4839  
Mailing Address 215 Desert Aire Dr. N. Work Tel: (509) 932 - 4839  
City Mattawa State WA Zip +4 99349 + FAX: (509) 932 - 5844

## Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name Stevn Mitchell Home Tel: (509) 932 - 5202  
Mailing Address 215 Desert Aire Dr. N. Work Tel: (509) 932 - 4839  
City Mattawa State WA Zip +4 99349 + FAX: (509) 932 - 5844  
Relationship to applicant Water Dept. Manager

## Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 1000 (☒ gallons per minute or ☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the purpose(s) of Domestic, Potable Water Supply for Community. Attach a "legal" description of the place of use. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient.  
(CONTINUOUS COMMUNITY DOMESTIC SUPPLY FOR 1523 RESIDENTIAL SERVICES)  
Estimate a maximum annual quantity to be used in acre-feet per year: 850

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:  
From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

## Section 4. WATER SOURCE

If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for <u>(X3)</u> well(s).
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): <u>16" 500 ft.</u>

## LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:

S07 900' N 1200' W of S.E. Corner Section 23  
S05 177' S & 1153' E from W 1/4 corner Sec. 22  
S06 1385' S & 23' E from the N 1/4 corner Sec. 22

1/4 of	1/4 of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
S07 SE 1/4	SE 1/4	23	14N	23E	Grant	2	C	Desert Aire
S05 NW 1/4	SW 1/4	22	14	23E	Grant			
S06 SW 1/4	NE 1/4	22	14	23E	Grant			

For Ecology Use Date Received: 11-13-96 Priority Date: 11-13-96

SEPA: Exempt/Not Exempt Not Exempt FERC License # \_\_\_\_\_ Dept. Of Health # \_\_\_\_\_

due to combined totals w/ other water rights

Date Accepted As Complete 1/3/97 By AK Date Returned \_\_\_\_\_ By \_\_\_\_\_ WRIA: 36



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**Section 5. GENERAL WATER SYSTEM INFORMATION**

- A. Name of system, if named: Desert Aire Owners Association
- B. Briefly describe your proposed water system. (See instructions.)  
1000 GPM Verticle Lift Turbine 100hp pumping into existing Distribution Network and Storage Tank.
- C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☐ NO  
 PROVIDE DOCUMENTATION.

*See attached Table 3-3 "Summary of well sources"***Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION**  
*(Completed for all domestic/public supply uses.)*

- A. Number of "connections" requested: 1523 Type of connection Residential Service  
 (Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☒ YES ☐ NO  
 If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department. Non - Applicable -

**Complete C. and D. only if the proposed water system will have fifteen or more connections.**

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☒ YES ☐ NO  
 If yes, when was it approved? Jan 1996 Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☒ YES ☐ NO  
 If yes, when was it approved? Jan 1996 Please attach the current approved version of your plan.

**Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION**  
*(Complete for all irrigation and agriculture uses.)*

- A. Total number of acres to be irrigated: \_\_\_\_\_
- B. List total number of acres for other specified agricultural uses:
- |           |             |
|-----------|-------------|
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
- C. Total number of acres to be covered by this application: \_\_\_\_\_
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)  
 Add up the acreage in which you have a controlling interest, including only:  
 ‡ Acreage irrigated under water rights acquired after December 8, 1977;  
 ‡ Acreage proposed to be irrigated under this application;  
 ‡ Acreage proposed to be irrigated under other pending application(s).
- Is the combined acreage greater than 2000 acres? ☐ YES ☐ NO
  - Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO  
 If yes, enter permit no: \_\_\_\_\_
- E. Farm uses:  
 Stockwater - Total # of animals \_\_\_\_\_ Animal type \_\_\_\_\_ (If dairy cattle, see below)  
 Dairy - # Milking \_\_\_\_\_ # Non-milking \_\_\_\_\_



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## Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☐ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

## Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site. *South of the Vantage Bridge*

*Drive South on Hiway 243 16 miles To The intersection with Desert Aire.  
Turn Left on East Desert Aire Drive 1 mile Turn Left, follow road to  
The storage tank.*

## Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

## Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☒ YES ☐ NO

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

*Desert Aire Owners Association is the water purveyor  
for the Community*

B. Does the applicant own the land on which the water source is located? ☒ YES ☐ NO

If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

*[Signature]*  
Applicant (or authorized representative)

*10-24-96*  
Date

*Same*

Land owner or place of use (if same as applicant, write "same")

**SEPA** — THIS APPLICATION IS NOT EXEMPT:

LEAD AGENCY: \_\_\_\_\_

*/ /* Completed Checklist Received

*/ /* Determination of Nonsignificance Issued

*/ /* Determination of Significance Issued

DRAFT EIS ISSUED: */ /*

FINAL EIS ISSUED: */ /* APPLICATION

*10-24-96*  
Date



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Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98503-0210
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ (date).	

Ecology staff \_\_\_\_\_ Date \_\_\_\_\_

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).